

UNITED STATES NATIONAL STAGE WORKSHEET

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U. S. Application No. 10/560742**Publication Date** 10/05 **U.S. ONLY** yes no **Publication No. WO** 2005/001191 **PCT/RO/101****Copy of ISR** EP **Copy of IPER** EP**Assignee information:** **Priority Info: Country** EP **No.** 03014241.8 **date** 6/25/03 **MORE****Correspondence checked:** 00116**Inventor Residence city:** _____, **state and/or country:** _____ **citizenship:** _____**International Application No. PCT** EP2004/051212 **Language** Eng**Copy in International Application:** **Translation:** yes no **Spec. pg no.** 7 **claims pgs** 3**371 Filing Fees:** _____; **US IPER meets Art. 33(2)-(3) Low fee applies:** _____**Total Claims:** 16 **Chargeable** 18 **Independent** 1**Number of drawing Sheets:** 4 **Foreign Text in drawing:** _____**Oath/Declaration:** _____ **signed** _____ **unsigned** _____ **defective** _____ **completed** _____ **Power of Attorney** _____**Small entity fee:** _____ **SME document** yes no _____**Bio Seq. Diskette:** _____ **entered** _____ **Bio Seq. Listing:** _____ **statement** _____**Article 19 Amendment:** _____; **replaced by Article 34 Amdt.** _____**Copy ISA References** **Copy of IPER:** **Annexes** _____ **entered** _____ **not entered** _____ **No translation** _____ **Text sequence** _____**Preliminary Amendment** _____ **date** _____ **2nd amendment date** _____**IDS:** _____ **DATE:** _____ **2nd** _____ **DATE** _____**Request for Immediate Examination:** _____**Substitute Specification:** _____ **date:** _____**Assignment:** _____ **Abstract pgs:** 1**Priority Document** **Number of copies included** 1**Date of 35 USC Receipt of Request:** 10/20/05, **Notes:** _____**Date Completion USC 371 Requirements:** _____ /**Notice of Missing Requirements:** 3/4/05 /**Notice of Defective Response:** _____ /**Notice of Acceptance:** _____ /**Notice to Comply with Nucleotide and/or Amino Acid Sequence disclosures:** _____**Notice of Abandonment:** _____ **Petition to Revive:** _____**Other forms:** _____**Extension of time: Number of months** _____